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## Notice of Independent Review Decision

**Date notice sent to all parties: 4/20/2015**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left L5 Selective Nerve Root Injection under Fluoroscopy

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Texas Licensed Physician, Board Certified in Physical Medicine and Rehabilitation

### **REVIEW OUTCOME:**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a woman followed at who is proposed for left L5 selective nerve root injection. The claimant has been followed. The claimant reportedly injured her back on xxxxxx when she was lifting a box. The claimant had persistent low back pain despite physical therapy. She underwent lumbar MRI 04/03/2014. This was performed at Preferred Imaging. The claimant was noted to have multiple disk protrusions at L3 L4 and L4-L5 and L5-S1 with left neuroforaminal stenosis.

The claimant underwent lumbar epidural steroid injection at L4-L5 and 06/20/2014. The claimant reported 80% pain relief.

Claimant had persistent low back and leg pain complaints and underwent bilateral lower extremity EMG nerve conduction studies 08/29/2014 by. This study reportedly was normal.

The claimant was seen in follow-up two months later he continued to have persistent left-sided low back pain and left lateral leg pain and paresthesias.

Evaluation 10/20/2014 showed decreased range of motion with flexion extension. The claimant had positive straight leg raising signs on the left at 45°. She was noted to have decreased sensation to light touch the left L5 and S1 dermatome.

Medical records reflect that the claimant has been prescribed multiple medications including anti-inflammatory Mobic, muscle relaxant cyclobenzaprine, Lyrica, and Tylenol.

The medical records also reflect that the claimant has had to selective left L5 nerve root injections on 01/23/2015 and again 02/26/2015. This provided 70% pain relief.

There is additional requests for left L5 selective nerve root injection. The prospective request for additional left L5 selective nerve root injection under fluoroscopy between 03/18/2015 and 05/17/2015 was noncertified. Prior review indicates that there was no duration of pain relief quantified in the medical reports posted injections nor decreased need for pain medications or improved function terms of activities of daily living.

Appeal request made.

This was reviewed by another physician reviewer who again concurred with prior determination. There was still no documented decreased need for pain medications, improved level of function as regards activities of daily living associate with a recent injection. Left L5 selective nerve root injection was noncertified.

There is a medical record review/peer review by orthopedist dated 07/06/2014. He reviewed the clinical history and notes and indicates lumbar MRI study noted degenerative changes. He points out that ODG guidelines would not endorse epidural steroid injections and there are no findings of radiculopathy or objective findings of weakness and numbness.

There is note dated 10/01/2014 available for review. The claimant was feeling a little better than her prior visit was not completely better. diagnosed the claimant with back contusion, lumbar radiculopathy, and lumbar strain. Muscle relaxant cyclobenzaprine and anti-inflammatory medication meloxicam (Mobic) were prescribed. Physiatry evaluation recommended.

The medical records contain Designated Doctor Evaluation dated 09/22/2014.

The medical records contain history and physical exam dated 12/03/2014 by orthopedic surgeon. He noted that the claimant had lumbar sprain strain with most recent physical examination demonstrating some tenderness across the left lower back but no definite radiculopathy. EMG nerve conduction studies performed 08/29/2014 were noted to be normal. Heel and toe gait was good and sensation was

intact in both lower extremities with normal motor strength five over five. He concluded that the claimant had reached maximum improvement.

office visit notes 10/20/2014, and 02/26/2015 are submitted for review.

The medical records contain 02/26/2015 office visit evaluation by. He notes that the claimant had undergone left L5 selective nerve root injection 01/23/2015 and reported she is feeling about 70% better as of 02/26/2015.

notes that the claimant was one year post work injury date of injury xxxxx with persistent left-sided L4-L5 radicular syndrome. Lumbar MRI study was consistent with left L4-L5 disk herniation causing stenosis. Physical examination notes normal gait, balance, and coordination. Lower extremity range of motion of the hips, knees, ankles normal. Lower semi sensory exam was slightly abnormal and left lateral leg. Lower extremity motor exam was normal and flexion, extension, ankle dorsiflexion, ankle eversion, and plantar flexion. Distal pulses in the lower extremities were normal. The claimant had failed to respond to physical therapy and oral medications.

recommended repeat left L5 selective nerve root injection. He notes that she had derived 70% improvement which is over a one month period.

However, does not clarify the claimant's overall functional status including activities daily living, instrumental activities of daily living, ability to do driving activities, or any quantitative measurements of sitting, standing, or walking. does not clarify medication management or the ability for the claimant to decrease her chronic pain medications in response to prior left L5 selective nerve root injections. The claimant had already received two left L5 selective nerve root injections. There is no additional information about rehabilitation including physical therapy or the claimant's ability to perform a self-supervised home exercise program with gym component or swimming.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Given the information presented, I am unable to override noncertification regarding medical necessity and appropriateness of additional left L5 selective nerve root injection. Consequently left L5 selective nerve root injection remains noncertified.

As noted, the claimant has already undergone two prior left L5 selective nerve root injections and had been felt to have reached maximum improvement or a medical endpoint previously. The claimant has been treated with oral medications and prior

physical therapy.

Additional medical information submitted does not clarify why the claimant cannot be managed safely with oral medications in conjunction with a self-supervised home exercise program with gym component or swimming.

#### **IRO REVIEWER REPORT TEMPLATE -WC**

##### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBAS**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**